

Oshawa Skating Club Refund Application

Applications for refunds will be considered for medical reasons (certified by a doctor's written note) and for relocations outside of the area that would result in extreme hardship for a skater or skater's family to travel to the club for sessions.

Please complete this form and submit it for consideration. Forms can be dropped off with an executive member during regular session times or e-mailed, with scanned attachments, to President@oshawaskating.com and Treasurer@oshawaskating.com. All refund requests will be considered at the next regularly-scheduled Board meeting and decisions will be advised at that point.

Skater Name: _____

Skater Address: _____

Session(s) Skated: _____

Period of Refund Requested (Starting Date to Ending Date) _____

Reason for Refund Request:

Medical*

Relocation

Please attach the doctor's note certifying that the skater is medically unable to skate. Refunds for partial periods (i.e. during a period of injury) will also be considered as well as refunds for full withdrawal from the club.